



<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
<input checked="" type="checkbox"/>	Restricted

<input type="checkbox"/>	Non-Elected
<input checked="" type="checkbox"/>	Interference

<input type="checkbox"/>	Appeal
<input checked="" type="checkbox"/>	Objected

Claim	Kind	Original	Date	Claim	Kind	Original	Date	Claim	Kind	Original	Date
1	Original	10/001,628		51				101			
2				52				102			
3				53				103			
4				54				104			
5				55				105			
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49				99				149			
50				100				150			